

215049799  
71699

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 122	Agency Case No. B5-110680	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/28/2015		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1742	11/28/2015	
B 34	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.		ONE-WAY STREET? <input type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.				STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	PHONE			LOCAL NO.	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
G 4	OWNER	PHONE			LOCAL NO.	
		OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO
H 2	LICENSE PLATE NO.				YEAR (Plate Expires)	STATE (Of Plate)
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O 1	VEHICLE ID NO. (VIN)				INSURANCE COMPANY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H12535891			STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 8	DRIVER	NELLIE G SPANGLER			PHONE 402-304-5970	LOCAL NO.
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	05/31/1982
J 01	OWNER	NELLIE G SPANGLER			PHONE 402-304-5970	LOCAL NO.
		OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO
V1/Q 5	LICENSE PLATE PA NO.	SBZ369			YEAR (Plate Expires)	2016 STATE (Of Plate) NE
V2/Q 4	VEHICLE	2012	Mazda	M3I	4 door Sedan	white
K 02	VEHICLE ID NO. (VIN)	JM1BL1V71C1540533			INSURANCE COMPANY	GEICO
		TOWED TO			TOWED BY	POLICY NO. 4314705288
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

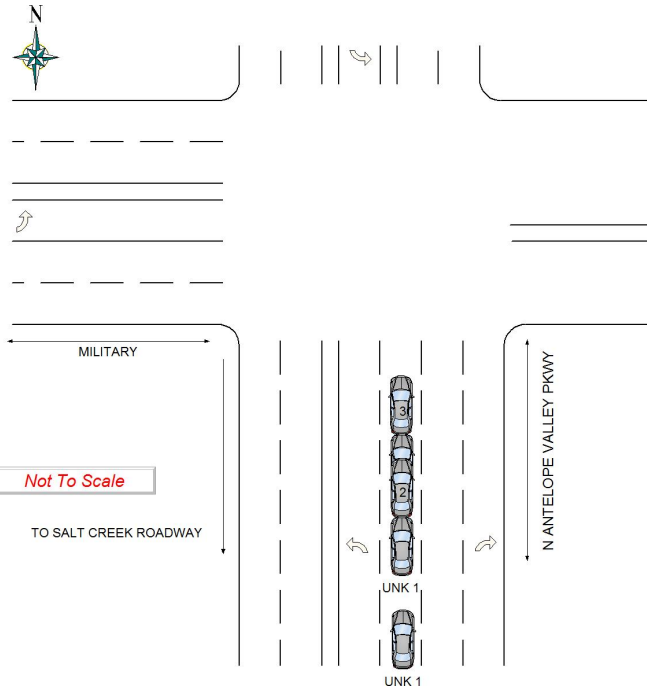
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-110680



Indicate  
North  
by Arrow



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 reports she was slowing/stopped in traffic NBND on N Antelope Valley Pkwy for a red traffic signal at the Military Rd intersection. D2 stated an UNK vehicle crashed into the rear of her vehicle which then pushed her vehicle into V3. D3 reports she was stopped at a red traffic signal facing NBND on N Antelope Valley Pkwy at the Military Rd intersection and V2 crashed into the rear of her vehicle. Neither D2 or D3 had a description of UNK V1 and did not see where it drove after the crash. POI is unknown as both V2 and V3 moved off of the street and there was no debris found.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME									Driver No. 1	Driver No. 2	Pedestrian		
1	X				N ANTELOPE V	VEHICLE 1		VEHICLE 2						Y		Y		
2	X				N ANTELOPE	VEHICLE 1		VEHICLE 2						N	X	N	X	
1	01	06 Turning left				POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front		1 None used - vehicle occupant						
2	11	08 Entering traffic lane				MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2 Deployed - side		2 Lap & shoulder belt used						
					00 None				3 Deployed - both front/side				3 Shoulder belt only used					
					09 Top & windows				4 Not deployed				4 Lap belt only used					
					10 Undercarriage				5 Not applicable/ No airbag available				5 Child safety seat used					
					11 Total (all areas)				6 Unknown				6 Child booster seat used					
					12 Other								7 DOT approved helmet used					
													8 Costume helmet used					
													9 Restraint use unknown					
															Driver No. 1		Driver No. 2	
															5		1	

ALCOHOL/ DRUGS SUSPECTED	1 Neither alcohol nor drugs suspected	
	2 Yes - alcohol suspected	
	3 Yes - drugs suspected	
	4 Yes - alcohol & drugs suspected	
	5 Unknown	

OFFICER NO. 1643	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Tobias Hite		INVESTIGATOR SIGNATURE Approved by Officer Tobias Hite	DATE OF REPORT 11/28/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./  
District

122

Agency  
Case  
No.

B5-110680

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11/28/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO.

VEH. #	VEHICLE NO. 3										VEH. #	
3	DRIVER LICENSE NO.		H13330462				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3
M	DRIVER KAYLA M BUSH										1.	
01	PHONE 402-610-2170										18	
N	LOCAL NO.										2.	
2	DRIVER ADDRESS CITY, STATE, ZIP										3.	
O	3245 FOLKWAYS #3A, LINCOLN, NE 68504										40	
1	DATE OF BIRTH (MM / DD / YYYY) 12/19/1992											
P	OWNER KAYLA BUSH											
1	PHONE 402-610-2170											
Q	LOCAL NO.											
4	OWNER ADDRESS CITY, STATE, ZIP											
	3245 FOLKWAYS #3A, LINCOLN, NE 68504											
	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO											
	CITATION NO.											
	LICENSE PLATE PA NO. TKG401											
	YEAR (Plate Expires) 2016											
	STATE (Of Plate) NE											
	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE											
	1998 Chevrolet P/L 4 door Sedan white <input type="radio"/> TOTALED \$ 700											
	VEHICLE ID NO. (VIN) 1Y1SK5289WZ443038											
	INSURANCE COMPANY 21ST CENTURY PREMIER											
	TOWED TO TOWED BY POLICY NO. 2200-36-66											

VEH. #	VEHICLE NO. 4										VEH. #	
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4
M	DRIVER										1.	
N	PHONE										2.	
O	LOCAL NO.										3.	
P	DRIVER ADDRESS CITY, STATE, ZIP										4.	
Q	DATE OF BIRTH (MM / DD / YYYY)										5.	
	OWNER										6.	
	PHONE											
	LOCAL NO.											
	OWNER ADDRESS CITY, STATE, ZIP											
	CITATION <input type="radio"/> YES <input type="radio"/> NO											
	CITATION NO.											
	LICENSE PLATE NO.											
	YEAR (Plate Expires)											
	STATE (Of Plate)											
	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE											
	VEHICLE ID NO. (VIN)											
	INSURANCE COMPANY											
	TOWED TO TOWED BY POLICY NO.											

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 3 VEH 4			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 3		VEHICLE 4		4		2		3		3			
3	X				N ANTELOPE	POINT OF IMPACT		POINT OF IMPACT		4		2		3		3			
4						05		05		4		2		3		3			
3	11	06 Turning left			MOST DAMAGED AREA		MOST DAMAGED AREA		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL TESTING		Driver No. Driver No.				
4		07 Making U-turn			05		05		2 Deployed - side		2 Lap & shoulder belt used		ALCOHOL LEVEL TESTED		Y Y				
		08 Entering traffic lane			05		05		3 Deployed - both front/side		3 Shoulder belt only used		BAC LEVEL		N X N				
		09 Leaving traffic lane			05		05		4 Not deployed		4 Lap belt only used		ALCOHOL/ DRUGS SUSPECTED		Driver No. Driver No.				
		10 Parked			05		05		5 Not applicable/ No airbag available		5 Child safety seat used		1		3				
		11 Slowing or stopped in traffic			05		05		6 Unknown		6 Child booster seat used		NEITHER		4				
		12 Other			05		05				7 DOT approved helmet used		2		4				
		13 Unknown			05		05				8 Costume helmet used		3		4				
					05		05				9 Restraint use unknown		4		4				
					05		05						5		4				

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F			
NAME ADDRESS												Seat Position Eject Body Region Injury Sev. Trans.			
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.			
NAME ADDRESS															
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.			
NAME ADDRESS															
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME												EMS RUN REPORT NO.			

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-110680

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1643		NW	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Tobias Hite			Approved by Officer Tobias Hite		11/28/2015